

A	CLAIMS ONLY	Application Number 10/647481	Filing Date
	Applicant(s)		

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend	*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8	1						58						
9		1					59						
10							60						
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13							63						
14	1						64						
15							65						
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46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	13						Total Depend						
Total Claims	15						Total Claims						